

Application No. 10/527,576  
Customer No. 24498

PU020393

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Inventor: Northon Rodrigues et al.  
Application No.: 10/527,576  
Filed: March 11, 2005  
Title: Associating Notifications of the Status of a Data Network by Use  
of a Topology Editor  
Examiner: Andy Ho  
Art Unit: 2194  
Customer No: 24498

**STATEMENT OF INVENTORSHIP**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir,

1. The listed inventor "Suma" only has one name.
2. This fact can be attested to in the Declaration signed on December 18, 2003.
3. This Declaration was filed in the USPTO on March 11, 2005. This declaration can be accessed using PAIR. In addition, a copy of this declaration is being submitted with this paper.
4. The assignment issued on May 23, 2006 correctly lists the inventor name as "Suma" as well.
5. The documents submitted to the patent office do not indicate that the inventors name is "Surry Suma", whereby the submitted Declaration of the correct name of "Suma" from May 11, 2005 is sufficient to meet the requirements under 37 C.F.R. 1.63.

It is believed that in view of the facts listed above, the inventor name of "Suma" is correct.

Respectfully submitted,  
Northon Rodrigues et al.

Application No. 10/527,576

PU020393

By: /Joel M. Fogelson/  
Joel. M. Fogelson  
Reg. No. 43,613  
(609) 734-6807

Patent Operations  
Thomson Licensing, LLC  
P.O. Box 5312,  
Princeton, NJ 08543-0028  
January 13, 2010

EXPRESS EV365367174S

Please type a plus sign (+) inside this box →



PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	PU020393
	First Named Inventor	Northon Rodrigues, et al.
	<b>COMPLETE IF KNOWN</b>	
	Application Number	1
	Filing Date	September 12, 2003
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Associating Notifications of the Status of a Data Network by Use of a Topology Editor**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **9/12/2003** as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(e) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/410,118	September 12, 2003	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box



PTO/SB/01 (10-00)

Approved for use through 10/31/2002: OMB 0551-0032


U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label		OR	<input type="checkbox"/> Correspondence address below
Name	JOSEPH S. TRIPOLI				
Address	THOMSON MULTIMEDIA LICENSING INC.				
Address	PO Box 6312				
City	State	ZIP			
PRINCETON	NJ	08543-6312			
Country	Telephone	Fax			
USA	(609) 734-6404	(609) 734-6888			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Family Name				
<u>1-00</u> NORTHON	RODRIGUES				
Inventor's Signature	Date				
<u>[Signature]</u>	12-18-2003				
Residence: City	State	Country	Citizenship		
OREGON CITY	OREGON	US <u>OR</u>	US		
Mailing Address					
Mailing Address 18220 S. Shiloh Lane					
City	State	ZIP	Country		
Oregon City	Oregon	97045	US		
NAME OF SECOND INVENTOR:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Family Name				
<u>2-00</u> LAXMAN JODUMATT	BHAT				
Inventor's Signature	Date				
Residence: City	State	Country	Citizenship		
MANGALORE		INDIA <u>IN</u>	INDIAN		
Mailing Address					
Mailing Address 11-1-31 Near City Bakery, Flower Market Street					
City	State	ZIP	Country		
Mangalore			India		
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional inventor(s) sheet(s) PTO/SB/02A attached hereto.					

(Page 2 of 2)

Please type a plus sign (+) inside this box 

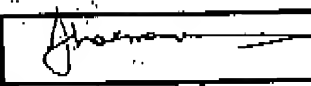
PTO/SB/01 (10-00)

Approved for use through 10/31/2002, OMB 0551-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label		OR	<input type="checkbox"/> Correspondence address below
Name	JOSEPH S. TRIPOLI				
Address	THOMSON MULTIMEDIA LICENSING INC.				
Address	PO Box 5312				
City	State	ZIP			
PRINCETON	NJ	08543-5312			
Country	Telephone	Fax			
USA	(609) 734-8404	(609) 734-6886			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	NORTHON		Family Name or Surname	RODRIGUES	
Inventor's Signature					Date
Residence: City	State	Country	Citizenship		
OREGON CITY	OREGON	US	US		
Mailing Address					
Mailing Address 16220 s. Shiloh Lane					
City	State	ZIP	Country		
Oregon City	Oregon	97046	US		
NAME OF SECOND INVENTOR:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	LAXMAN JODUMATT		Family Name or Surname	BHAT	
Inventor's Signature					Date 12-18-2003
Residence: City	State	Country	Citizenship		
MANGALORE		INDIA	INDIAN		
Mailing Address					
Mailing Address 11-1-31 Near City Bakery, Flower Market Street					
City	State	ZIP	Country		
Mangalore			India		
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

[Page 2 of 2]

PTO/SB/02A (11-00)

Please type a plus sign (+) inside this box 

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet  
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ANIL		SHARMA	
Inventor's Signature <i>[Signature]</i>		Date 12-18-2003	
Residence: City	State	Country	Citizenship
BANGALORE		INDIA <i>IN</i>	INDIAN
Mailing Address			
Flat No. C-1, Annapoorna Apartments, Seethappa Colony, New Thippasandra			
City	State	ZIP	Country
Bangalore			INDIA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
KRISHNA NADH		MANEPALLI	
Inventor's Signature <i>[Signature]</i>		Date 12-18-2003	
Residence: City	State	Country	Citizenship
ANDHRA PRADESH		INDIA <i>IN</i>	INDIAN
Mailing Address			
c/o Kalyani Fancy Stores, Main Road, Aglipalli, Krishna District.			
City	State	Zip	Country
ANDHRA PRADESH			INDIA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
CHITTEPU VENKATARAMI		REDDY	
Inventor's Signature <i>[Signature]</i>		Date 12-18-2003	
Residence: City	State	Country	Citizenship
BANGALORE		INDIA <i>IN</i>	INDIAN
Mailing Address			
No. 176, 16th Main, 7th Cross, B.T.M. 2nd Stage, E.W.S. Layout			
City	State	Zip	Country
Bangalore	India		India

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/02A (11-00)

Please type a plus sign (+) inside this box → 

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
**Page 3 of 3**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
600		SUMA	
Inventor's Signature <i>Suma</i>		Date 12-18-2003	
Residence: City BANGALORE	State	Country INDIA IN	Citizenship INDIAN
Mailing Address			
Mailing Address "Anugraha", No. 33, 4th Cross, 2nd Left, Ganesha Block, Dinnur Main Road, R.T. Nager Post			
City Bangalore	State	ZIP	Country INDIA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

EXPRESS MAIL EV 365396717 US

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Northon Rodrigues et al
Title	Associating Notifications of the Status
Art Unit	of a Data Network By Use of a
Examiner Name	Topology Editor
Attorney Docket Number	PU020393

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24498

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Thomson Licensing Inc.				
Address	Patent Operations, P.O. Box 5312				
City	Princeton	State	NJ	Zip	08543-5312
Country	USA				
Telephone	609-734-6811	Fax	609-734-6888		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is required. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Harvey D. Fried</i>	Date	4 March 2005
Name	Harvey D. Fried, Reg. No. 28,298	Telephone	609-734-6811
Title and Company	Sr. Patent Counsel, Thomson Licensing Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.